2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000000027

 Entity Name ALTEO GROUP LLC



Principal Place of Business

Mailing Address

3008 NORTHWEST 29TH AVENUE BOCA RATON, FL 33434

3008 NORTHWEST 29TH AVENUE BOCA RATON, FL 33434

FILED Mar 31, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03222006 No Chg-LLC CR2E083 (11/05)

Applied For

Not Applicable

5. Certificate of Status Desired

4. FEI Number 65-0801420

> \$5.00 Additional Fee Required

THOMAS, ROBERT L JR.

8. Name and Address of Current Registered Agent

3008 NORTHWEST 29TH AVE. BOCA RATON, FL 33434

CHY SI-ZIP

NAME STREET ADDRESS CHY-ST- BY HILE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of chains of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of regimered agent and title if applicable	(NOTE: Registered Agent signature required when reinstaling)	OATE	
F	iling Fee is \$50.00 we by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
THLE NAME SIFELT ADDRESS CHY-SI-2IP TITLE NAME	MGR THOMAS, ROBERT L 3008 NW 29TH AVE. BOCA RATON, FL 33434 MGR THOMAS, CYNTHIA L		000000487483 04/13/06-80079-024 50.00	
STREET ADDRESS CITY-ST-ZIP	3008 NW 29TH AVE. BOCA RATON, FL 33434			
DITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET AUDRESS		IN '		

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flebility company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE